

**Shame and Stigma as Predictors of Psychological Dysfunction among HIV/AIDS
and Cancer Patients.**

By

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Declaration

I, Nyambeni Asnath Matamela, declare that the dissertation hereby submitted to the University of Limpopo as partial fulfilment for the degree of Masters of Arts in Clinical Psychology, has not been previously submitted by me for a degree at any other University, that it is my own work in design and execution, and that all the material contained therein has been duly acknowledged.

Signature _____

Date _____

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Dedication

This work is dedicated to all HIV/AIDS and cancer patients. Your struggle might not be totally understood but your strength shines through. There is a better day coming. You are highly appreciated for allowing me to explore and know your world.

Abstract

Aim: This study is aimed at exploring the influence of shame and stigma on the psychological functioning of HIV/AIDS and cancer patients. Four hypotheses were stated and they are:

1. There will be a difference on the scores of shame and stigma and psychological functioning between HIV/AIDS and cancer patients.
2. Patients who experience shame and stigma are more likely to experience psychological dysfunction than those who do not.
3. Females will experience more shame and stigma, and then consequently report more psychological dysfunctions than males.
4. There will be a difference on the scores of shame and stigma and psychological functioning between age groups.

Method: This study used a quantitative research design. A convenient sample of 100 HIV and cancer patients from different race, ethnicities, genders and age groups participated in this study. Statistical tests used to measure the results included means and ANOVAs.

Results: Results revealed that HIV patients do experience more enacted stigma and anxiety than cancer patients. Enacted stigma and perceived community stigma were associated with anxiety, and depression. Females experienced more enacted stigma than males while males and internal felt stigma than females. There were age differences in the experience of somatic symptoms and internal felt stigma.

Conclusion: Recommendation included that shame and stigma be addressed through stress management and the community counselling model.

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Abbreviations

AIDS –Acquired Immune Deficiency Syndrome

HIV- Human Immuno-Deficiency Syndrome

MRC – Medical Research Council

PLWHA – People Living with HIV/AIDS

UNAIDS – United Nations Programme on HIV/AIDS

USAID - United States Agency for International Development

WHO – World Health Organization